

MAR 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

For use by
Do not use this space.

1. PLACE OF DEATH

10 County *Boone*
7 Township *Centralia*
2 City *Centralia*

Registration District No. *7-2*Primary Registration District No. *4041*File No. *4980*Registered No. *1*St. *Mo.*Ward *1*

2. FULL NAME

Alice Frances Parks(a) Residence, No. *1*

(Usual place of abode)

St. *Mo.*Ward *1*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>Charles A. Parks</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 1 1867</i>		
7. AGE	YEARS	MONTHS
<i>69</i>	<i>10</i>	<i>7</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Boone Co. Mo.</i>
13. NAME <i>Rab A. Perry</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>
15. MAIDEN NAME <i>Martha Culbertson</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i>

17. INFORMANT (ADDRESS) <i>Mrs. R. S. Palmer</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Centralia Mo.</i>
19. UNDERTAKER (ADDRESS) <i>Centralia Mo.</i>
20. FILED <i>79</i> <i>187</i> <i>J. V. J. Harrison</i> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-8* *1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 6*, 1937, to *Feb. 8*, 1937

I last saw him alive on *Feb. 8*, 1937. Death is said to have occurred on the date stated above, at *1 P.* m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Myocarditis

Date of onset *Feb. 1*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county; and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *A. H. Garrison* M. D.

(Address) *Centralia, Mo.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

